

TRANSCRIPT ORDER

FOR COURT USE ONLY

DUE DATE:

Please Read Instructions:

1. NAME Sabrina Streusand		2. PHONE NUMBER (512) 236-9901		3. DATE 11/5/2019	
4. DELIVERY ADDRESS OR EMAIL 1801 S. MoPac Expressway, Suite 320		5. CITY Austin		6. STATE TX	7. ZIP CODE 78746
8. CASE NUMBER 19-10926	9. JUDGE T. Davis	DATES OF PROCEEDINGS			
		10. FROM 11/5/2019		11. TO 11/5/2019	
12. CASE NAME In re Orly Genger		LOCATION OF PROCEEDINGS			
		13. CITY Austin		14. STATE TX	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input checked="" type="checkbox"/> OPINION OF COURT	11/5/19 at 2:30 p.m.		
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE <i>Sabrina Streusand</i>	PROCESSED BY <i>Blayne Turner</i>
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19. DATE 11-5-2019	PHONE NUMBER 512-916-5237
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TRANSCRIPT TO BE PREPARED BY <i>Exceptional Reporting</i>	COURT ADDRESS 903 San Jacinto Ste. 322 Austin TX 78701
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ORDER RECEIVED	DATE	BY	
DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES 0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT 0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			TOTAL DUE 0.00

FILED  
 2019 NOV -6 AM 11:17  
 U.S. BANKRUPTCY COURT  
 CLERK  
 DEPUTY